ENTRY BLA	ANK		
PLEASE TYPE	OR PRINT	Entered p	revious May Show
☐ Ms. ☑ Mr. Artist	SAMUEL	yes BUT	no no
	369 BERK		City
Temporary	Tel. Q (6) Area Code	321-67	33
Address	Street		City
	Tel. ()		
Zip	Area Code		
Permanent add	ress is in what count	Y? CUYA/	40GA
Born in Cuyaho	oga County 🔀 Ye	es 🗆 No	
Collaborator _	(If Any)		
Artist will Museum sh	ntries are not accept pick up at Museum, ould dispose of, ould ship to artist C		ldress:
the object is to	tions / include below instr be assembled and d	isplayed.	

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Samuel Butnik

ENTRY BLANKS					
	aintings				
Medium or Materials ACRYLIC	POLYMER				
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RECEIVED BY

1976 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Dates for Pick-up of Objects

Museum Service Entrance 9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects November 15 through November 27

Accepted Objects

January 10 through January 15

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

Please keep address within this box for window envelope.

Name SAMUEL BUTNIK

Address 3369 BERKELEY RD

City
& State CLEVELAND OHIO Zip 441/8

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE

will be mailed to you following judging.

This is your only receipt to claim your object(s). This notification

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